



development of your **tricare** benefits

**Have you ever wondered
why some health care
is covered under the
TRICARE benefit and
some health care is not?**



basics

A benefit must meet three basic requirements:

1. It can not be excluded by law (statute) or regulation (Code of Federal Regulations),
2. It must be medically necessary and appropriate (proven, safe and effective) and represent the standard for good health care in the United States, and
3. It must be funded and administratively added to the TRICARE program.

coverage

TRICARE covers:

- Medically necessary and appropriate treatment/procedures/devices/drugs.
- Most preventive services.
- Well-child health care.
- Some limited experimental trials (for example, under an Interagency Agreement, TRICARE covers participation in NCI-sponsored Phase II and Phase III cancer prevention and treatment clinical trials.)

TRICARE does not cover:

- Unproven (experimental) treatment/procedures/devices/drugs, except as previously stated or,
- Treatment/procedures/devices/drugs that are specifically excluded from coverage by statutes, regulations, or policy.



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development process

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Adding new benefits or revising the existing TRICARE program is the result of extended research, review, and collaboration by the TRICARE Management Activity (TMA) staff.

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TMA identifies the need for a new benefit or a benefit change by:

- ⚙ Reviewing changes to federal law.
- ⚙ Monitoring changes in national healthcare coverage and reimbursement.
- ⚙ Monitoring advances in medical science.
- ⚙ Requests for scientific reviews from within and outside TMA.
- ⚙ Researching and reviewing appeals of denied services under the current benefit program.

2

TMA determines if current statutes allow coverage for the new or revised benefit.

Note: If the conflict is statutory only Congress can revise the law.

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If there is no statutory conflict, TMA determines if there is a conflict in the Code of Federal Regulations which would require revision. This revision is referred to as “Rule making.” It is literally changing the regulation, and is a lengthy process which generally requires months to complete.

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Often at the same time the rule is being developed, research and review is conducted to determine if the benefit should be considered appropriate (proven, safe and effective). To do this TMA depends on a hierarchy of reliable evidence to determine if a new procedure/ treatment/device/drug has been established as proven, safe and effective. While we respect the opinion of your personal physician we are obligated under law to consider the following:

- ⚙ Well controlled research studies with clinically meaningful endpoints, published in the respected medical literature,
- ⚙ Published formal technology assessments,
- ⚙ Published reports of national professional medical associations, and
- ⚙ Published positions of national medical policy organizations.





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Once a treatment/procedure/device/drug is considered proven safe and effective it then qualifies to become a TRICARE benefit. However, there are additional steps that are required for the benefit to enter the TRICARE program.

- ⚙ Resources must be identified to cover the benefit.
- ⚙ Funding for benefit changes must compete with existing and planned TRICARE programs. TRICARE is not an insurance program, it is an entitlement program. TRICARE cannot increase premiums to pay for new services.

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After regulatory change is completed, if required, changes to the various TRICARE Policy Manuals are developed.

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Finally, the changes are incorporated into Managed Care Support Contractor contracts for implementation.

special considerations

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he period between becoming a TRICARE benefit and formally entering the program can take many months. When circumstances arise where your treating physician determines that a delay in treatment of a serious medical condition would significantly jeopardize your health, Special and Emergent provisions exist to allow TRICARE coverage. For more information, see your Health Benefits Advisor or contact the TRICARE office of your Managed Care Support Contractor.

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lso, certain rare conditions occur so infrequently as to make the proof of the safety and effectiveness of a given treatment, procedure, or device impossible to ascertain with certainty. In these limited circumstances, the degree of required reliable evidence is somewhat different. For more information, contact the TRICARE office of your Managed Care Support Contractor.

